REQUEST, FOR PATENT FEE REFUND			
1 Date of Request: 0/0/05 2 Serial/Patent # 10/578268			
/ V 3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	TRUOMA 6
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Vother Search des adjustment			\$ 100
U J	7 TOTAL AMOUNT \$ /OO		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment		redit Dep	osit A/C #:
Duplicate Payment	, 1141-11270		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: TITLE: PARALGAL TO THE TOTAL			
SIGNATURE: PHONE: (703) 308-9140			
OFFICE:			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	DATE: _		:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B